

University of Southern California (USC) School of Pharmacy California Right Meds Collaborative (CRMC)

Overview

The University of Southern California (USC) School of Pharmacy, in partnership with LA Care Health Plan, launched California Right Meds Collaborative (CRMC) to address suboptimal medication therapy for patients with diabetes and hypertension. CRMC now partners with 5 health plans, 25 pharmacies or remote care providers, and 12 clinics.

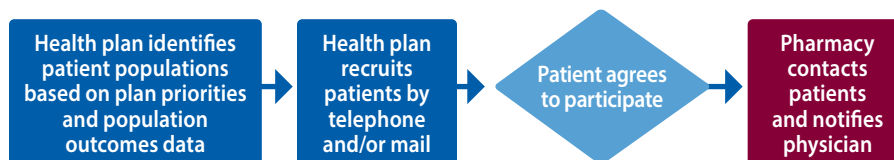
CRMC trains pharmacists to deliver Comprehensive Medication Management (CMM) in the neighborhoods where patients live and work. Originally designed as an in-person program, CMM was adapted to a telehealth and hybrid (telehealth and in-person) program during the COVID-19 pandemic. The model provides pharmacists with the flexibility to meet patients where they are (i.e., in the home, in the pharmacy, or via telehealth).

Program Components

Pharmacies are paired with at least one clinic or Federally Qualified Health Center (FQHC) to share health information and, in some cases, adopt a collaborative practice agreement that provides pharmacists with the maximum scope of practice allowed by California law.

During the COVID-19 pandemic, over 80% of CRMC visits were conducted via telehealth. CRMC pharmacies can get home BP measurement devices through the health plans to distribute to patients. All clinical data are stored in a HIPAA-compliant platform that enables data sharing between pharmacists, providers, and health plans.

Patient Recruitment



Pharmacist Duties during First and Subsequent Visits

- Get BP measurement
- Review and document current medication use
- Review self-monitored blood glucose readings
- Review medication efficacy and safety
- Identify and resolve medication problems
- Provide referrals to social determinants of health resources (e.g., transportation, food)
- Review acute care utilization
- Evaluate signs and symptoms of disease control and tolerance to medication therapy
- Conduct physical assessment relevant to medication safety and outcomes
- Develop medication therapy plan (first visit only)
- Revise medication therapy plan as needed (subsequent visits only)
- Educate patient and caregiver on diseases, medications, and self-management/self-monitoring skills
- Send communication to the patient's doctor within 24 hours

Problem

The estimated age-adjusted prevalence of hypertension among adults in Los Angeles County is 23.1%. Within the county, prevalence of hypertension is higher among non-Hispanic Black adults compared to Mexican American adults and non-Hispanic White adults.¹

Strategy

CMM addresses suboptimal medication therapy results in patients with hypertension and diabetes. CRMC advances the skills of pharmacists in providing CMM services for patients with hypertension and diabetes. CRMC pharmacists deliver CMM virtually and, sometimes also in-person.

Community pharmacies are trusted, conveniently located, and open longer hours than doctor's offices. Staff almost always are culturally and linguistically aligned with the population served. In addition, these staff have knowledge of local resources to support social needs.

For more information, please contact:

Centers for Disease Control and Prevention

1600 Clifton Road NE
Atlanta, GA 30333

Telephone: 1-800-CDC-INFO
(232-4636)/TTY: 1-888-232-6348

E-mail: arebheartinfo@cdc.gov

Web: [Division for Heart Disease and Stroke Prevention | CDC](#)



Intended Participants

CRMC health plan partners determine patient enrollment criteria based on population health priorities. For example, LA Care's pilot used an enrollment proxy of a hemoglobin A1c (HbA1c) greater than 9%. Patients meeting this criterion often had a concurrent diagnosis of hypertension.

Goals and Expected Outcomes

The goal of CRMC is to mitigate avoidable illness, death, and health care costs due to suboptimal medication therapy. CRMC hopes to "create a network of pharmacists in the community who provide high-impact [CMM services] that are sustainable and aligned with population health priorities within health plans and health systems."²

Progress Toward Implementation

USC began providing telehealth CMM services in 2014 with a Centers for Medicare & Medicaid Services award. The CRMC pilot began in 2019 with LA Care for patients with uncontrolled diabetes. LA Care and other health plan partners now also enroll patients with uncontrolled hypertension.

The CRMC model provides the flexibility to offer patients the type of visits that work best for them (telehealth, home, or in-person). During the pilot, LA Care noted minimal technology constraints because most services were provided by telephone.





CRMC pharmacies undergo a selection process to determine if they have the infrastructure to provide CMM services. CRMC provides initial and ongoing training to participating pharmacies on clinical and operational program implementation. CRMC also conducts rigorous continuous quality improvement.

Health Equity

LA Care prioritized the enrollment of patients who are medically underserved living in Los Angeles County. CRMC trains pharmacists on connecting patients to resources that address social determinants of health. Pharmacists can submit referrals to the health plan for services such as diabetes education, weight loss support, transportation, food, and homelessness. CRMC is also forming community-based partnerships as a strategy for advancing health equity.

Reach and Impact

An interim analysis of the CRMC LA Care pilot was conducted in May 2021. Among the patients enrolled in the pilot:

-  **Average decrease in BP for patients** with five or more visits was 5/1.7 mm Hg.
-  **Average decrease in systolic BP for patients** with BP >140/90 at baseline was -34 mmHg.
-  **Statin use increased** for whom statins were clinically indicated (from 9 to 19 patients with five or more visits [n=21]).
-  **Average HbA1c value decreased** 3.3% (n=238).

This document does not constitute an endorsement of any organization or program by CDC or the federal government, and none should be inferred.

¹ Hales, CM, Carroll MD, Simon PA, Kuo T, Ogden CL. Hypertension prevalence, awareness, treatment, and control among adults aged ≥18 Years — Los Angeles County, 1999–2006 and 2007–2014. *M MWR Morb Mortal Wkly Rep.* 2017;66(32):846–849. doi:10.15585/mmwr.mm6632a3

² California Right Meds Collaborative. Our aims - updated. CalRightMeds. <https://calrightmeds.org/our-aims-updated/>. Accessed February 10, 2022.